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SECRETARY

The Commonwealth of Massachusetts
Executive Office of Public Safety
Department of Fire Services
Office of the State Fire Marshall

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STEPHEN D. COAN
STATE FIRE MARSHALL

THOMAS P. LEONARD
DEPUTY STATE FIRE MARSHALL

BLASTING DAMAGE COMPLAINT FORM

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Type of Structure: _____

Property Owner's Name: _____

Property Owner's Address: _____

Claimant's Name If Different: _____

Claimant's Address: _____

(Name, Address, City, State, Zip)

Relationship to Property Owner: _____

DESCRIPTION OF ITEM OR AREA DAMAGED

CERTIFICATION OF DAMAGE

I declare under the penalty of perjury that to the best of my knowledge and belief the statements made and information given herein are true as of the date of this complaint. I am aware that there are significant penalties for submitting false information including possible civil penalties and imprisonment.

Signature of Claimant/Owner: _____ Date Signed: _____

Name of Fire Department: _____

Over a Century of Service

Preserving life and property from, explosion, electrical and related hazards through public education, investigation, regulation, law enforcement and technical assistance to fire departments and the public since 1894.

Name of Officer Receiving Complaint: _____ Date Signed: _____

Location of Blast: _____

Blaster's Log has been checked and a copy is attached: YES NO

Name of Liability Insurance carrier: _____

Use and Handling [Permit to Blast] Issued to: _____

Blasting Company Name: _____

Explosives Users Certificate Number: _____

Blaster's Name: _____

Blaster's Phone Number: _____

Blaster's Address: _____

Certificate of Competency Number: _____

Certificate of Competency Expiration Date: _____

Contractor/Blaster's Signature: _____ Date: _____

Signature of Officer Acknowledging Complaint _____ Date: _____

ACTION TAKEN BY LOCAL AUTHORITY

Authority Signature: _____ Issuing Date: _____

13.09 (12): Blasting Damage Complaint

- (a) Any person or firm alleging damage as a result of blasting operations shall make a complaint on a "Blasting Damage Complaint" form approved by the Marshall and obtained from the local fire department of the city or town where damage occurred. The complaint shall contain a signed certification. Completed complaint forms shall be returned within 30 days of blasting incident to the head of the fire department concerned.
- (b) The head of the local fire department upon receiving a Blasting Damage Complaint form shall cause the holder of the "Explosives Users Certificate" [Own and Possess] and the blaster in charge, to report to the local fire department with copies of pertinent blasters' logs for the dates in question and to provide copies of the blaster's log for the dates alleged. The blaster in charge shall be interviewed and blast logs examined to determine any violations of 527 CMR 13.00. The local fire department authority shall record the results of his inquiry on the Blasting Damage Complaint Form. The head of the fire department shall retain the original of the complaint form and forward a copy to the Marshal's Office. The holder of the Explosives Users Certificate [Own and Possess] shall receive a copy of the complaint form and acknowledge receipt by signature and date in the space provided on the complaint form. The holder of the Explosives Users Certificate or the holder's insurance carrier shall respond to the claimant within 30 days after the date the holder received the complaint form.

a **REGULATORY AUTHORITY: 527 CMR 13.00: c.148 §§ 9,10,12,13, 15,16,31, and 35.**

One Copy of this form is to be sent to the State Fire Marshall.